

Adolescents and Young People High Impact Practices (HIPS): Improving sexual and reproductive health of young people

April 25th, 2019



Nandita Thatte, WHO/IBP, Moderator

Nandita leads the WHO/IBP Secretariat based in Geneva. Her current portfolio includes institutionalizing the role of WHO/IBP to support dissemination, implementation, and scale up of WHO guidelines and strengthening the linkages between IBP partners and WHO researchers to inform new areas for implementation research. Prior to joining WHO, Nandita was a Technical Advisor in the Office of Population and Reproductive Health at USAID where she supported programs in West Africa, Haiti and Mozambique. She has a DrPH in Prevention and Community Health from the George Washington University School of Public Health.



- Welcome and Introduction
- Presentations
- Comments & Reflections
- Questions
- Closing



Before we Begin



Webinar will be
recorded



Submit your questions
anytime! We'll do Q&A
after the presentations



Visit our website:
fphighimpactpractices.org

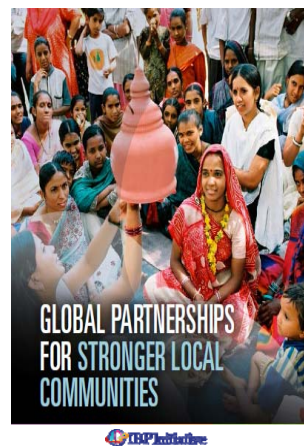


The WHO/IBP Initiative and the High Impact Practices in Family Planning

The IBP Initiative is a WHO housed network of NGO and CSO Partners working to support the dissemination and use of evidence based guidelines and programmatic practices in family planning and reproductive health

Strategic Objectives:

1. Increase access to evidence based guidelines and tools
 - WHO Guidelines, High Impact Practices
2. Support implementation and scale up
 - Online Communities of Practice, Webinar Series
 - Documentation
3. Facilitate partnership and collaboration
 - Support to Global and Regional Meetings
 - Linking with other WHO, UN, and global partnerships



Overview of the High Impact Practices in Family Planning (HIPs)

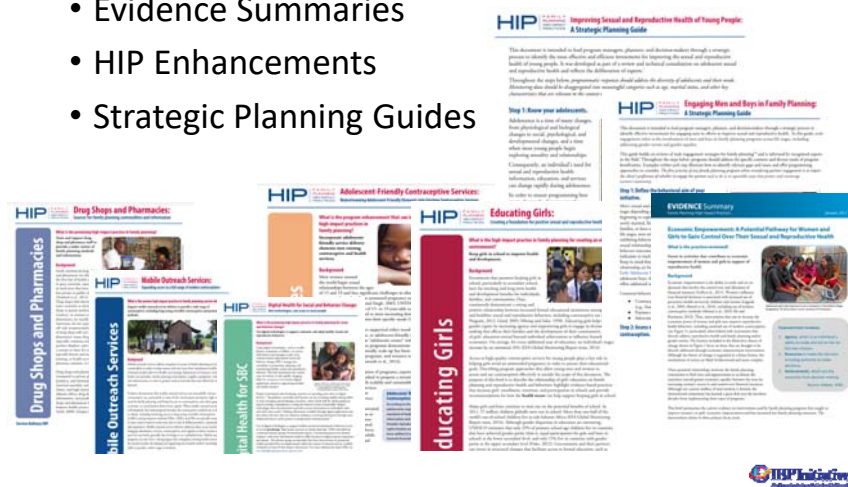
- Set of evidence based programmatic interventions
- Informed by a Technical Advisory Group (TAG)
- Criteria for Inclusion:
 - Demonstrated impact on contraceptive use
 - Relevancy in a variety of country contexts
- Consideration also given to:
 - Replicability
 - Scalability
 - Sustainability
 - Cost-effectiveness
- 2-page HIP list of all practices
- Materials translated into 4 languages (English, French, Spanish, Portuguese)



It is a **PROCESS** that is **EVOLVING** and built on **PARTNERSHIPS** and **COLLABORATION**

HIP products to inform youth programming

- Evidence Briefs
- Evidence Summaries
- HIP Enhancements
- Strategic Planning Guides



Service Delivery HIPs: Adolescents



- Service delivery interventions that can increase access to contraceptive
- Organized by strength of the evidence

HIP Enhancement—Adolescent-Friendly Contraceptive Services: Mainstreaming Adolescent-Friendly Elements Into Existing Contraceptive Services

HIP ENHANCEMENT

Adolescent-Friendly Contraceptive Services: Mainstreaming Adolescent-Friendly Elements Into Existing Contraceptive Services

Incorporate adolescent-friendly service delivery elements into existing contraceptive and health services.



High Impact Practice

Background

Which challenges can AFCS help countries address?

What is the impact?

How to do it: Tips from implementation experience

Tools and Resources

References

Suggested Citation

Acknowledgements

- Implemented in conjunction with HIPs to intensify impact

Enabling Environment: Educating Girls

- Evidence-based practices that increase girls' enrollment, retention, and participation in school
- Recommendations for how the health sector can help support keeping girls in school



HIP PAATHWAY
to
ADOLESCENT
FRIENDLY
CONTRACEPTIVE
SERVICES **Educating Girls:**
Creating a foundation for positive sexual and reproductive health behaviors

What is the high-impact practice in family planning for creating an enabling environment?
Keep girls in school to improve health and development.

Background
Interventions that promote keeping girls in school, particularly in secondary school, have far-reaching and long-term health and development benefits for individuals, families, and communities. Data consistently demonstrate a strong and positive relationship between increased formal educational attainment among girls and healthier sexual and reproductive behaviors, including contraceptive use (DHS Program, 2012; Elorol, 2005; Mwangi and Salia, 1998). Educating girls helps improve gender equity by increasing agency and empowering girls to engage in decision-making that affects their families and the development of their communities. Benefits of girls' education extend beyond individual achievement to influence household economies. On average, for every additional year of education, an individual's wages increase by an estimated 10% (IIEA Global Monitoring Report team, 2014).

Access to high-quality contraceptive services for young people plays a key role in helping girls avoid an unintended pregnancy in order to pursue their educational goals. Developing program approaches that allow young men and women to access and use contraceptives effectively is outside the scope of this document. The purpose of this brief is to describe the relationship of girls' education on family planning and reproductive health and behaviors, highlight evidence-based practices that increase girls' enrollment, retention, and participation in school, and provide recommendations for how the health sector can help support keeping girls in school.

Many girls and boys continue to miss out on the potential benefits of school. In 2013, 57 million children globally were out of school. More than one-half of the world's out-of-school children live in sub-Saharan Africa (IIEA Global Monitoring Report team, 2014). Although gender disparities in education are narrowing, UNESCO estimates that only 20% of primary school-age children live in countries that have achieved gender parity (that is, equal participation for girls and boys in school) at the lower secondary level, and only 15% live in countries with gender parity at the upper secondary level (Parker, 2012). Governments and their partners can invest in structural changes that facilitate access to formal education, such as equitable gender norms, economic empowerment, and promoting healthy behaviors.

Educating Girls

Enabling Environment HIP

Social & Behavior Change HIPs: Adolescents

- Work through community groups to influence individual behaviors and social norms
- Digital technologies may reduce time and cost for seeking services

HIP Strategic Planning Guide—Adolescents

- Strategic guidance to help to identify and prioritize interventions

[BRIEFS](#) [PLANNING GUIDES](#) [PARTNERS](#) [ADVISORY BOARD](#) [OVERVIEW](#)

[Home](#) > [Strategic Planning Guides](#) > [Adolescents](#)

Adolescents: Improving Sexual and Reproductive Health of Young People: A Strategic Planning Guide

This document is intended to lead program managers, planners, and decision-makers through a strategic process to identify the most effective and efficient investments for improving the sexual and reproductive health of young people. It was developed as part of a review and technical consultation on adolescent sexual and reproductive health and reflects the deliberation of experts.*

Throughout the steps below, programmatic responses should address the diversity of adolescents and their needs. Monitoring data should be disaggregated into meaningful categories such as age, marital status, and other key characteristics that are relevant to the context to ensure program beneficiaries are the intended recipients.

Introduction

Step 1: Know your adolescents.

Step 2: Understand the underlying drivers of adolescent pregnancy.

Step 3: Create a supportive environment.

Step 4: Reach young people with information.

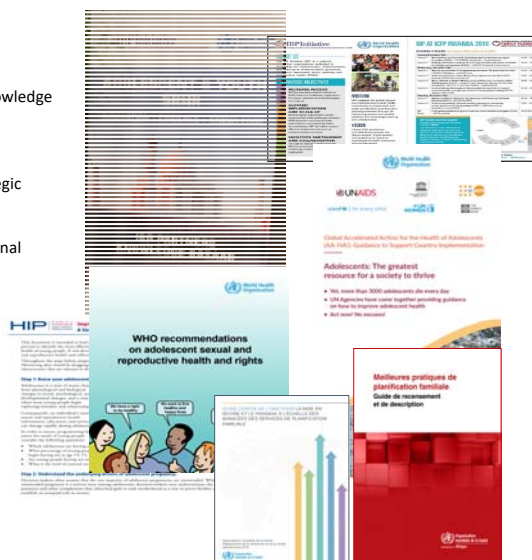
Step 5: Reach sexually active young people with contraceptive services.

Step 6: Reduce financial barriers to contraceptive services.

Suggested Citation

Promoting HIPs through IBP to support youth and adolescent programming

- Dissemination
 - Webinars, Global and Partner Meetings, Knowledge Exchanges
- Implementation and Scale up
 - IBP Member Survey found Adolescent Strategic Planning Guide one of the most widely used products promoted by IBP
 - Used as a general resource, to expand personal knowledge, inform program design
- Documentation
 - Youth led Documentation of Adolescent Friendly Services in India and Colombia
- Programmatic Linkages to WHO Guidelines and other UN resources
 - AH-HA Framework
 - WHO Guidelines and Recommendations



Today's Panelists



Michelle Weinberger
Avenir Health



Barwani Msiska,
College of
Medicine, Malawi



Amy Uccello
PSI

Michelle Weinberger, Avenir Health

Michelle Weinberger is a Senior Associate with Avenir Health. She provides technical support to Track20, conducts analysis and develops models related to reproductive health. She has extensive experience developing quantitative models and analysis to inform strategic policy and programmatic decision making. Ms. Weinberger demographer with a focus on family planning and reproductive health. Before joining Avenir Health, she headed the Impact Analysis team at Marie Stopes International, where she oversaw the development of impact models and metrics. Ms. Weinberger has an MSc in Population and Development from the London School of Economics (LSE).



What does the data tell us about adolescents?

*Track20 Opportunity Analysis
Adolescent HIPs Webinar
April 25, 2019*

Michelle Weinberger



 @track20project
www.track20.org

What data do we have about adolescents?

Survey Data

Generally from household based surveys such as DHS, MICS, and PMA2020.

Secondary analysis of datasets can uncover more findings.

Routine Data

From health management information systems (HMIS) such as DHIS2.

Some countries have age disaggregated indicators.

How can we use this data to inform adolescent programming?

- **Context:** understand patterns and trends
- **Opportunities:** identify where needs are greatest
- **Monitoring:** see if programs are having the intended effect

Different questions depending on what you are using the data for.

Can look *across* countries as well as at variation *within* countries.

What adolescent needs are we talking about?

Contraceptive Services



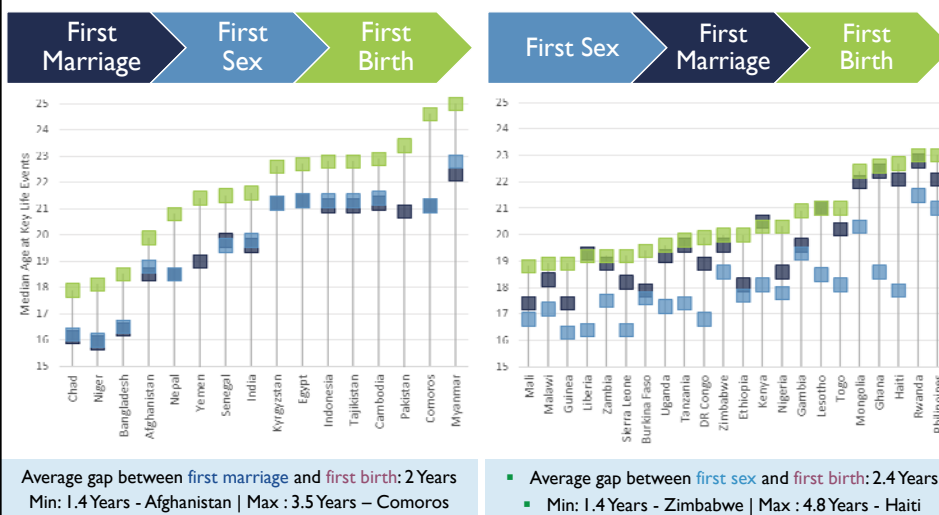
Narrow focus: married and unmarried sexually active adolescents who want to avoid a pregnancy

Addressing social norms and the enabling environment

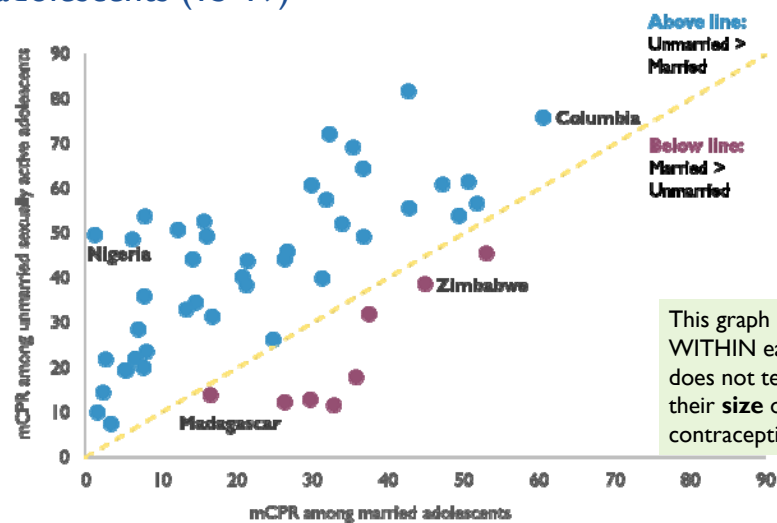


Wider focus: reach adolescents before they become sexually active, address norms among both married and unmarried adolescents.

Context: large variation in timing of key life events

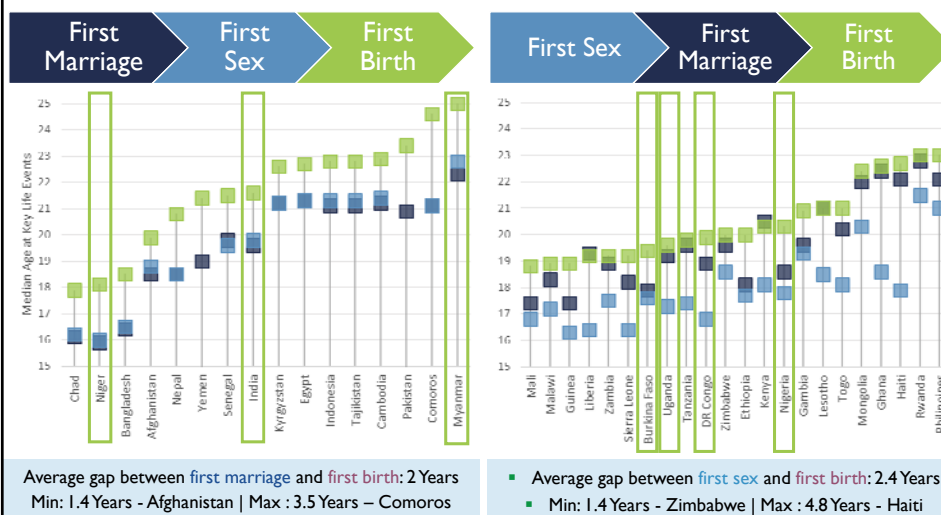


Context: contraceptive use among married & unmarried adolescents (15-19)

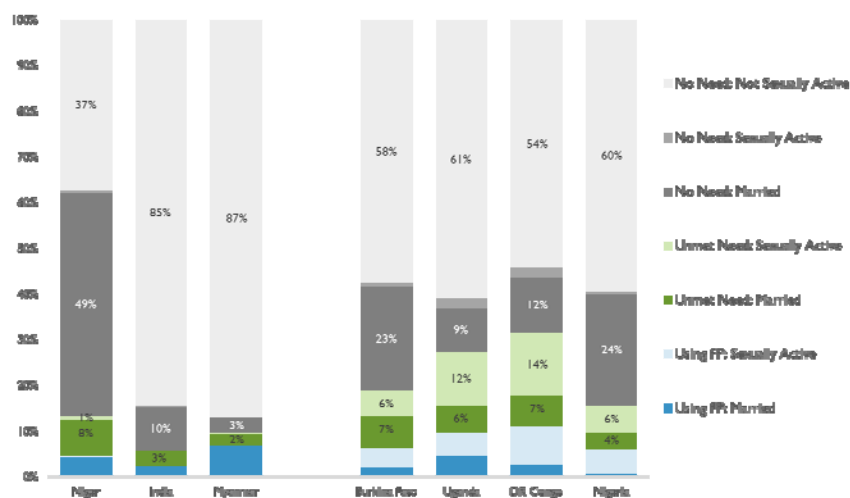


Source: DHS Statcompiler most recent survey in each country with data available

Moving to opportunities: select country examples

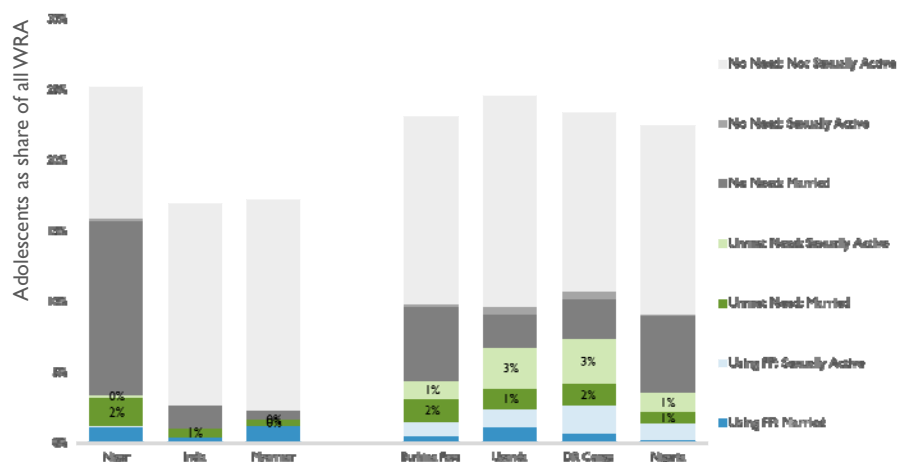


Opportunities: where is unmet need the greatest? (among adolescents)



Note: unmarried sexually active based on sex in the last year

Opportunities: where is unmet need the greatest? (adolescents as a share of all women of reproductive age)



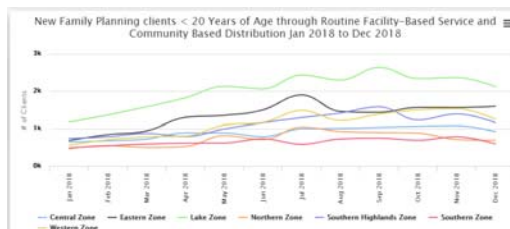
Note: unmarried sexually active based on sex in the last year

Monitoring: using routine data to understand sub-national variation

Tanzania: HMIS Portal

<https://hmisportal.moh.go.tz>

Monitor changes after implementing a program—did it have impact?

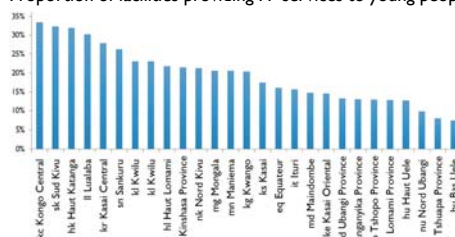


Given the burden on routine systems to track age of client we suggest an aggregated <20 vs 20+ approach rather than more detailed age groups.

DRC:T20 Service Statistics Brief

Further work needed to understand why provision is low— is it a reporting issue? Is it a demand issue? Is it an issue with service provision?

Proportion of facilities providing FP services to young people



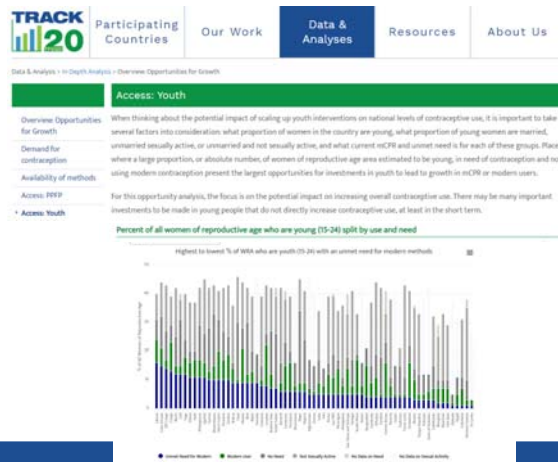
Key messages

- There is a lot of data on adolescents → you just need to know where to look!
- Married and unmarried adolescents have very different needs → its important to not just talk about a singular 'adolescent' when developing programs
- There is large variation among adolescents within and across countries → programs must take country context into account

Get more data!

http://track20.org/pages/data_analysis/in_depth/opportunities/youth.php

1: Cross country comparisons



2: Youth Opportunity Briefs for each FP2020 country



French coming soon!

Thanks!

Amy Uccello, Population Services International

Amy Uccello has over 19 years of global health experience focusing on adolescent sexual and reproductive health, family planning, HIV and maternal/child health. Amy serves as the Sr. AYSRH Technical Advisor for Population Services International bringing health products & services to young people as part of our Youth-Powered Healthcare approach working in public/private facilities, the community and beyond. Prior to joining PSI, Amy served as a Youth and Family Planning Technical Advisor at USAID in the Office of Population and Reproductive Health, offering technical assistance to global projects, USAID Missions, USAID staff and implementing organizations worldwide. At USAID Amy also served on the Intra-Agency YouthCorp on cross-sectoral youth approaches and Positive Youth Development.



PSI's approach using the HIPs to Improve AYSRH: An Implementer Experience

Amy Uccello, Sr. AYSRH Technical Advisor, PSI

April 25, 2019



**What does a High Impact Practice
mean to a girl?**

YOUTH-POWERED HEALTHCARE

From ~~Youth-Centered~~ to Youth-Powered

HIP Family Planning
Initiative
Program

Adolescent-Friendly Contraceptive Services:
Mainstreaming Adolescent-Friendly Elements into Existing Contraceptive Services

Adolescent Services

What is the program enhancement that can intensify the impact of high-impact practices in family planning?

Incorporate adolescent-friendly service delivery elements into existing contraceptive and health services.

Background


Most women around the world begin sexual relationships between the ages of 15 and 19 and face significant challenges in obtaining services and information to protect themselves from unwanted pregnancy and sexually transmitted infections, including HIV (Bhaskar and Singh, 2003; UNFPA, 2014; Walling et al., 2006). As the world's population of 15- to 19-year-olds continues to grow beyond 400 million, countries will need to meet increasing demand for contraceptive services and information that address their specific needs (UNSD, 2015).

Historically, programs have supported either stand-alone adolescent clinics that offer contraceptive services, or adolescent-friendly contraceptive services offered in a separate room or in an "adolescent corner" within an existing health facility (Gendreau, 1999). These programs demonstrate mixed effects (Chen et al., 2015; Tylin et al., 2007). Additionally, scale-up has been challenging for many countries due to complexity of the programs, and resource requirements hinder their long-term sustainability (Fatusi et al., 2014).


To inform the next generation of programs, experts in adolescent sexual and reproductive health were asked to prepare a structured approach, based on learning to date, that would be both scalable and sustainable. Mainstreamed Adolescent-Friendly Contraceptive Services (AMCS) incorporate within existing contraceptive services those adolescent-friendly elements that have demonstrated effectiveness in stand-alone or separate-room models. These elements can be incorporated into a range of service delivery channels (i.e., facilities, mobile outreach, community-based

Adolescent's Right to Health, Including Contraceptive Information and Services

According to the first convention of the rights of the child, adolescents enjoy the right to the highest attainable standard of health, including access to contraceptive information and services. Adolescents are also entitled to broader reproductive rights supported by a range of human rights treaties and conventions, which nearly all countries have ratified (Cook and O'Brien, 2000; 1989, 2012, 1991 General Assembly, 1990).



ADOLESCENTS 360°



- January 2016-June 2020
- USD 30 million
- Ethiopia, Tanzania, Nigeria
- Reimagining contraceptive services with and for girls (15-19), unlocking hope & **rapid contraceptive uptake.**

We go where girls tell us to go.

Adolescent Friendly Contraceptive Services

Friendly According to Whom?

"Best for You" → YOUTH VOICE

- Offers the HOW we define & deliver
- Allow the HIPs to leap off the page
- Services become more useful
- Programs become more resonant



How to do it: Tips from implementation experience

Getting Youth-Powered

HIP Recommends: "Conduct a needs assessment to identify the most effective approaches to reaching sexually active adolescents with contraceptive services"

260+ A360 young designers helped us dig deep into girl-powered insights

- "I'm not having sex, he's having sex with me."
- Contraception at odds with girls' dreams of motherhood

Action:

- Research/programs do not ask about sexual behavior as an entry to counseling or services.
- Lead with protecting/returning to fertility



Getting Youth-Powered

HIP Recommends: *"Use multiple service modalities to reach a wider range of adolescents."*

Young people's inputs helped us determine what was most useful for target consumers.

We learned that one size does not fit all & convenience is only one factor.

Action:

- To normalize & legitimize use, girls in N. Nigeria wanted services at public facilities at regular hours.
- Newly married Ethiopian girls were ignored by HEWs. Now added to home visits as valid FP clients
- Tanzanian girls get services at public & private locations, at peak and off hours, on weekdays and on Saturdays.



Getting Youth-Powered

HIP Recommends: *"Train providers to offer adolescent-friendly services."*

Working side-by-side with young people builds empathy between clients and providers.

Youth can, and should take part in ensuring provider quality.

Action:

- Girls identify 'positive deviant' providers for additional YFHS training
- Young people are charged with tracking quality by serving as mystery clients



Getting Youth-Powered

HIP Recommends: “Reinforce training through supportive supervision, job aids, and mentorship to change provider attitudes and behaviors”

Youth routinely review data; assess implementation and determine if adaptation is needed.

Young people are not only recipients but also problem-solvers.

Action:

- Youth interview young beneficiaries and providers as part of routine site supervision
- Youth assess findings on program effectiveness to influence, in real time, how to refine services
- Rooted out “Avoid Temptation” messaging in TZ schools



Getting Youth-Powered

HIP Recommends: “Enforce confidentiality and ensure audio and visual privacy”

A360 maintains FP clinical confidentiality and privacy standards regardless of age. Yet stigma remains for youth.

Young people noted experiencing stigma at services by fellow young clients.

Action:

- Young people are offered an on-the-spot opt-out moment, meaning all girls see a provider.
- Events are highly engaging, so girls are not listening or timing service provision of their compatriots.
- Exploring UICs



Getting Youth-Powered

HIP Recommends: “Tailor health communication to the needs and interests of adolescents”

We listened to girls about their achievable dreams and did not restrict our offering to health alone.

Girls express anxiety about unstable futures, and desire financial and social stability as critical assets to achieving their immediate goals.

Action:

- Cross-sectoral programming that leads with income generation and/or financial planning and ends with contraception.
- “A Girl With A Plan” is preparing to become a healthy mother when she is ready.



Getting Youth-Powered

HIP Recommends: “Offer a full range of contraceptive options”

Full range of methods are being made available and yet some hesitancy remains.

When we offer Long-Acting Reversible Contraception, some girls hear infertility.

Action:

- S. Nigeria stopped using the term “long-acting,” now use the term “implant” w/ full explanation of length of effectiveness – uptake has increased



Getting Youth-Powered

HIP Recommends: *"Pay attention to gender and social norms to ensure successful investments in Adolescent Friendly Contraceptive Services."*

When girls defined for us their influencers, girls segmented themselves differently and programs varied widely.

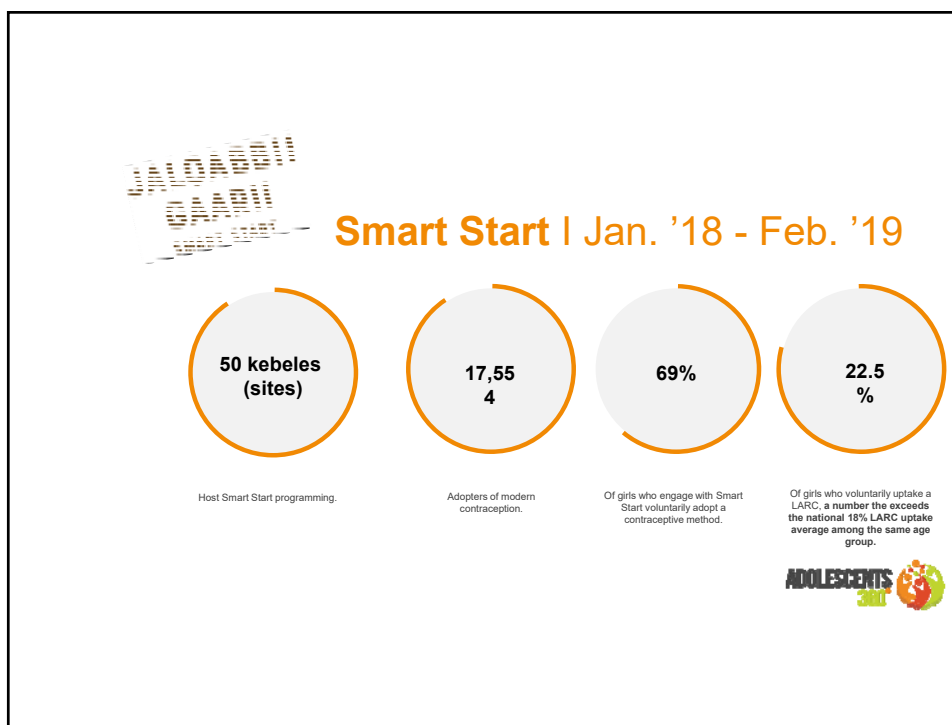
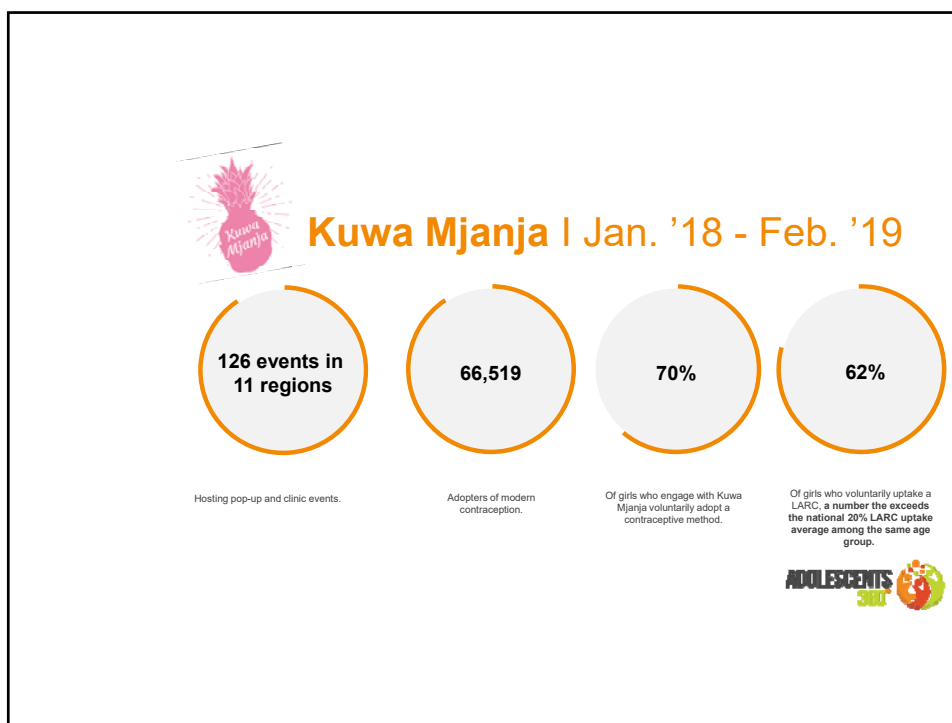
Girls told us what counted as "safe spaces," some with partners/parents & some without.

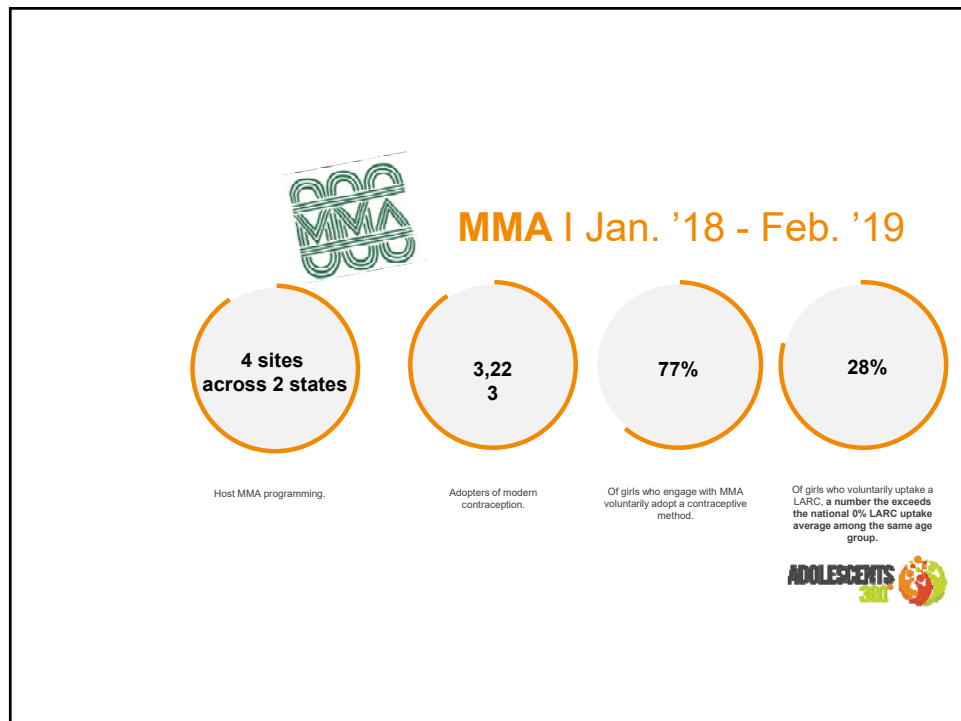
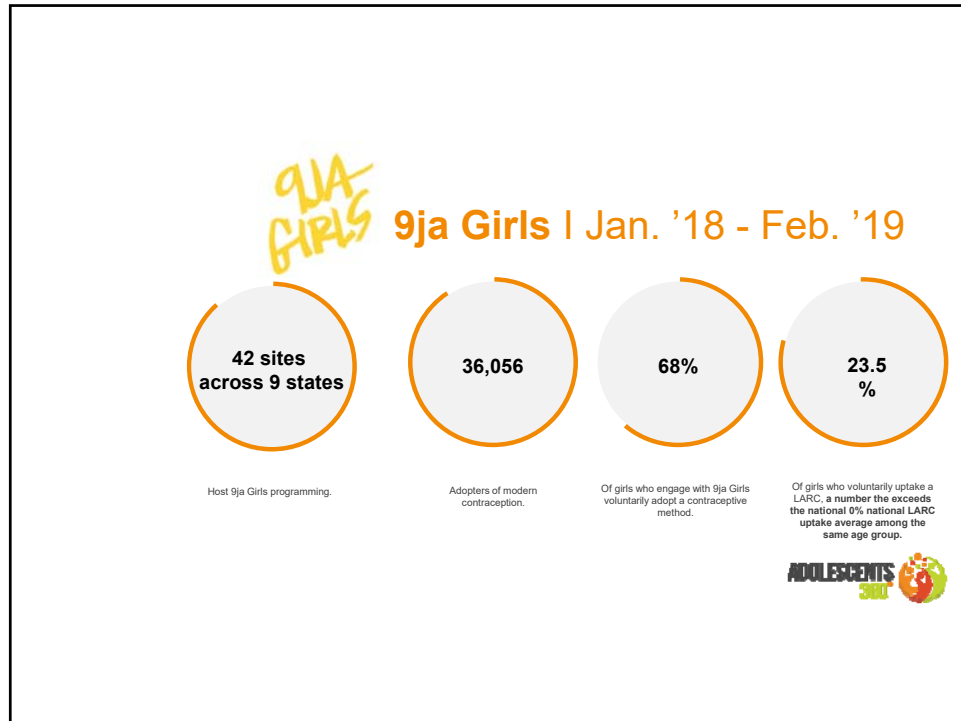
Action:

- "We trust partners less than thieves" vs. "I want my husband present" vs. "I want programming for my husband as separate from my own programming."
- Segments created by girls in Tanzania according to more/less independence from their mothers.



Our results.





Now that we've taken a youth-powered approach to Adolescent Friendly Contraceptive Services, there is no reason why we couldn't do the other HIPs as well, including;

- [Strategic Planning Guide](#)
- [Educating Girls](#)
- [Community Group Engagement](#)
- [Digital Health for Social and Behavioural Change](#)

Barwani Msiska, College of Medicine Malawi, Social Innovation in Health Initiative/ 120under40

Barwani is a Project Manager at the College of Medicine, Social Innovation in Health Initiative Malawi. She is a 2016 winner of 120 under 40. she has coordinated development, health systems strengthening for adolescent and reproductive health - family planning programs in the public sector, academia in Malawi and USA. She championed repositioning of adolescent reproductive health as a key strategy in managing development, localization of FP 2020 commitments - expanding access to LARC, FP budgeting, localized financing options and development of Malawi's costed multi-sectoral National Youth Friendly Health Services (YFHS) Strategy 2015-2020. Barwani holds a master's degree in Public Health from Emory University Rollins School of Public Health, USA.



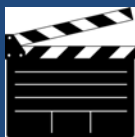
Comments & Reflections By Barwani Msiska



Questions & Answers



Before we close:



Recording will be shared tomorrow.

Also find it here:

<http://www.fphighimpactpractices.org/hip-webinars/>



Presentation available here:

<http://www.fphighimpactpractices.org/hip-webinars/>



For more information, please visit:

www.fphighimpactpractices.org

www.ibpinitiative.org

www.familyplanning2020.org

THANK YOU

